

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.
All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [b].

NOTIFICATION OF TANK CLOSURE

RECEIVED
N.C. Dept. NRCD

MAR 09 1989

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)
Name: <u>PETTY ENTERPRISES, INC.</u>	Winston-Salem Regional Office
Address: <u>RT. 4, Box 86</u>	Address: <u>SAME</u>
<u>RANDLEMAN NC 27317</u>	
Phone Number: <u>(919) 498-2156</u>	County: <u>RANDOLPH</u>

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>6000</u>	<u>DIESEL</u>	To Be Removed <u>To Be Filled</u>
Tank 2	<u>5000</u>	<u>GASOLINE</u>	To Be Removed <u>To Be Filled</u>
Tank 3	<u>4000</u>	<u>GASOLINE</u>	To Be Removed <u>To Be Filled</u>
Tank 4	<u>3000</u>	<u>GASOLINE</u>	To Be Removed <u>To Be Filled</u>
Tank 5	<u>1000</u>		To Be Removed <u>To Be Filled</u>

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:	
(Contractor) Name:	<u>HARDIN'S PUMP & COMPRESSOR INC.</u>
Address:	<u>RT. 16, Box 519 WS</u> State <u>NC</u> Zip <u>27107</u>
Contact:	<u>JOHN HARDIN</u> Phone: <u>919 769-9128</u>
<input checked="" type="checkbox"/> YES	Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?
<input type="checkbox"/>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input type="checkbox"/>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:	
(Contractor) Name:	<u>HARDIN'S PUMP & COMPRESSOR, INC.</u>
Address:	<u>RT. 16, Box 519 WS</u> State <u>NC</u> Zip <u>27107</u>
Contact:	<u>JOHN HARDIN</u> Phone: <u>919 769-9128</u>
<input checked="" type="checkbox"/> YES	Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?
<input type="checkbox"/>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?
<input type="checkbox"/>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>HARDIN'S PUMP & COMPRESSOR, INC.</u>	Scheduled Removal Date: <u>4-10-89</u>
Signature: <u>J. T. Hardin, Pres.</u>	Date Submitted: <u>3-7-89</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 [a]. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346